

NOTICE OF FORM CHANGE NO. 05-067

DATE

05-10-2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE Llc 9011B (5/05)
CDSS Licensing Administrative Action Personnel Flagging Attachment

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 5/05	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, one sided.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

CDSS LICENSING ADMINISTRATIVE ACTION PERSONNEL FLAGGING ATTACHMENT

Reference Section

Facility Type:

Facility Name:

Facility Address:

Facility Number:

Other Facility Nos.:

Licensing Office:

ASSOCIATED INDIVIDUALS

Personnel Identification Number:Individual's relationship to facility (check one):

Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other
Licensee/ <input type="checkbox"/>	Resident <input type="checkbox"/>	Relative <input type="checkbox"/>	Certified Parent <input type="checkbox"/>
Applicant	(Non-client)	Employee <input type="checkbox"/>	Other

INSTRUCTIONS FOR COMPLETION:

Regional Office: Complete the Reference Section for the primary facility in which the individual to be flagged was associated. Complete the Personnel Identification Number and Individual Relationship to Facility Sections for each individual who will be flagged as a result of this action. Submit this form as part of the Statements of Facts package to the Department of Social Services, Legal Division. If more individuals will be flagged, attach second copy of form.

Program Office: Enter the Personnel Identification Number for each individual into the CCL Log screen of the Legal Case Tracking system.